SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

П	ne SPAC Instruction Guid	le explains how to complete thi	is form.	iler ID (Ethics Commis	ssion Filers)	2 Total pages fi	led:
3	COMMITTEE NAME					OFFICE	USE ONLY
		Progress 915	5			Date Received	
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE	E#; CI	TY; STATE;	ZIP CODE		
	Change of Address						
		6228 Camino A	legre El Pa	so Texas 7991	2	Date Hand-delivered	or Date Postmarked
5	CAMPAIGN TREASURER NAME	MS/MRS/MR FIR	st De		А	Receipt #	Amount \$
	77.55	NICKNAME LAS			SUFFIX	Date Processed	
	15	Gar	ibay			Date Imaged	
6	CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS (NO PO BOX PLE	ASE); APT / SUI	FE #; CITY;	STATE;	ZIP CODE	
	(Residence or Business)	6228 Camino Aleg	ıre	El Paso	Texas	79912	
7	CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; 6228 Camino Alegre	APT / SUI	El Paso	STATE; Texas	ZIP CODE 79912	
	Change of Address			<u> </u>			
8	CAMPAIGN TREASURER PHONÉ	AREA CODE PHONE NUI (915) 493-12		EXTENSIO	М		
9	REPORT TYPE	January 15 July 15		petore election		Exceeded \$500 limit Dissolution (Attach PAC 10th day after campaign	·
10	PERIOD COVERED	Month Day	Year	•		Month Day	Year
		1 / 28 / 20	019	THROUGH		3/ 25	2019
11	ELECTION	ELECTION DATE Month Day Year 5 4 2019	Primary General	Runoff Special	Other Description		
			GO TO F	PAGE 2	0 20	ITY CLERK DE 19 APR 4 AM1	ЕРТ 1:26

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

2019 APR 4 AM11:26

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME		13 Filer (ID (Ethics Commission Filers)
	Progress 915		
14 COMMITTEE PURPOSE		CANDIDATE/OFFICEHOLDER NAME	
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE		
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
OPPOSE (Candidate or Measure)			
		BALLOT IDENTIFICATION / # ELECTION Month Day	DATE Year
ASSIST (Officeholder)	₩ MEASURE	Proposition A 5 / 4 /	2019
(Oncentral)		Preserve "Tax Reinvestme	ent Zone 12"
15 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN , OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ \$482.46
		L CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$19,837.77
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ \$0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$ \$2,213.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY NG PERIOD	\$ \$20,320.23
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	\$ \$0.00
16 AFFIDAVIT	DIANA ORTIZ My Notary ID # 128283285 Expires May 28, 2022	I swear, or affirm, under penalty of perjury, the report is true and correct and includes all infibe reported by me under Title 15, Election Company Signature of Campaign Treas	ormation required to ode.
AFFIX NOTARY STAMP/SEAL	.ABOVE		120
Sworn to and subscribed to		certify which, witness my hand and seal of office.	is the 3
day of 71011	, 20, 10	cerury which, withess my hand and seal of office.	
Signature of officer administ	ering oath Brista	name of officer administering oath Title of officer	otera
orginature of officer administr	enny cam Printed 1	iame of officer administering oath 100 of off	ficer administering cath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17	COMMITTEE NAME Progress 915 18 Filer ID (Ethics Con	nmission Filers)
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$16,860.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 642.77
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,935.00
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 400.00
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	SCHEDULE E; LOANS	\$
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,213.26
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Progress 915 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Richard C. Bonart, D.V.M. 6 Contributor address; City; State; Zip Code 6524 Loma De Cristo Dr. El Paso Texas 79912 1,000 2/13/19 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#;__ Date Marilyn Guida Contributor address; City; State; Zip Code 2/13/19 3714 Moonlight El Paso Texas 79904 500 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#:_____ Richard C. Bonart, D.V.M. City; State; Zip Code Contributor address; 2/14/19 6524 Loma De Cristo Dr. El Paso Texas 79912 1.000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:__ Angela Reza Tures Stephen Francis Tures Contributor address; City; State; Zip Code 2/14/19 700 1083 Esplanada Cir El Paso Texas 79932 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NA	ME Progress 915	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
	Greta E. Miller 6 Contributor address; City; State; Zip Code	
2/16/19	P.O. Box 1152 Santa Teresa New Mexico 88008	100
8 Principal o	occupation / Job title (See Instructions) 9 Employer (See Instruc	itions)
Date	Full name of contributor	Amount of contribution (\$)
	Donald R. Baumgardt or Carol M. Baumgardt Contributor address; City; State; Zip Code	
2/18/19	901 Galloway Dr. El Paso Texas 79902	650
Principal oc	ccupation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
:	Neysa Rene Hardin Contributor address; City; State; Zip Code	
2 <i>1</i> 20/19	6617 Dawn Dr Apt. D El Paso Texas 79912	500
Principal oc	ccupation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Richard C. Bonart, D.V.M. Contributor address; City; State; Zip Code	
2/23/19	6524 Loma De Cristo Dr. El Paso Texas 79912	3,450
Principal oc	ccupation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

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SCHEDULE A1

		SCHEDULE AT
Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 14
2 FILER NAM	Progress 915	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
	Ltc Larry A. Olsen, Sr 6 Contributor address; City; State; Zip Code	
2/25/19	2811 Jackson Ave. El Paso Texas 79930	20
8 Principal oc	ecupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
10	Shirley J. and Henry J. Whelen Contributor address; City; State; Zip Code	
2/25/19	7304 Parkland Dr. El Paso Texas 79925	100
Principal occ	cupation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Jesus A. Arroyo Contributor address; City; State; Zip Code	
2 <i>1</i> 26/19	11562 Meadowbrook Dr. El Paso Texas 79936	20
Principal occ	cupation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Donald Baumgardt Contributor address; City; State; Zip Code	Amount of contribution (\$)
2 <i>/</i> 26/19	901 Galloway Drive El Paso Texas 79902	25
Principal occ	cupation / Job title (See Instructions) Employer (See Instructions)	dons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional	

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SCHEDULE A1

			SCHEDULE AT
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	5		3 Filer ID (Ethics Commission Filers)
	Progress 915		
4 Date	_	(fD#:)	7 Amount of contribution (\$)
	Jean Ann Wigle		
	6 Contributor address; City; State		
2 <i>1</i> 27/19	5041 Alabama St. Apt. 182 El Pa	iso Texas 79930	20
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	itions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Susy Franco Contributor address; City; State	; Zip Code	
2 <i>1</i> 27/19	6717 Pearl Ridge Dr El Paso Tex	as 79912	25
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Gil Kimmelman Contributor address; City; State;	; Zip Code	
2 <i>[</i> 28/19	305 S. El Paso ST. El Paso Texas	79901	100
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Elsa Solorzano Contributor address; City; State;	, Zip Code	
3/1/19	506 WILD WILLOW DR El Paso	Texas 79922	100
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Progress 915 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:__ Meghan Curry 6 Contributor address; City; State; Zip Code 3/1/19 1105 North Virginia Street apt 5 El Paso Texas 79902 25 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date Abderrahman Khamsi Contributor address; City; State; Zip Code 3/1/19 6692 cabana del sol El Paso Texas 79911 25 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#:___ David Wilson Contributor address: City; State; Zip Code 3/1/19 3307 Capella Ave. El Paso Texas 79904 50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#:_ Stuart Schwartz Contributor address; City; State; Zip Code 3/1/19 250 1025 Singing Hills El Paso Texas 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Progress 915 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Robert Baeza 6 Contributor address: City; State; Zip Code **3/2/19** 6291 Franklin Lair El Paso Texas 79912 50 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:___ Date Kate Feuille Contributor address; City; State; Zip Code 3/3/19 100 857 river oaks El Paso Texas 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:___ Date Aaron Brockshus City; State; Zip Code Contributor address: 3/3/19 4011 Alabama street Apt 2307 El Paso Texas 79930 50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#_ Francisco Gonzalez Contributor address; City; State; Zip Code 3/3/19 7379 Gulf Creek Dr. El Paso Texas 79911 20 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Progress 915		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	: (1D#:)	7 Amount of contribution (\$)
	Nancy Casas 6 Contributor address; City; State	; Zip Code	
3/4/19	432 lafayette El Paso Texas 799	15	100
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
	Ltc Larry A. Olsen, Sr Contributor address; City; State	; Zip Code	
3/5/19	2811 Jackson Ave. El Paso Texas	s 79930	20
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Samuel Waissman Contributor address; City; States	; Zip Code	
3/5/19	1300 Desert Canyon Dr El Paso	Texas 79912	250
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Norm Christiansen Contributor address; City; State	; Zip Code	
3/6/19	617 Myriam Dr Anthony TX 79	821	25
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	0:		
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instru		

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Progress 915 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Stephen Tures 6 Contributor address; City; State; Zip Code 3/8/19 1083 Esplanada Cir. El Paso Texas 79932 250 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:___ Date Amy Monsivais Contributor address; City; State; Zip Code 3/8/19 671 Skydale Drive El Paso Texas 79912 25 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor Date Out-of-state PAC (ID#:_____ Robert or Kathryn Melson City; State; Zip Code Contributor address: 3/9/19 10432 Aphoniz Dr. El Paso Texas 79924 70 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ Marcia Turner Contributor address; City; State; Zip Code 3/9/19 25 5755 Kingsfield Ave El Paso Texas 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

1	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAI		3 Filer ID (Ethics Commission Filers)
	Progress 915	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
	Omer Sheikh 6 Contributor address; City; State; Zip Cod	de
3/9/19	6655 Tuscany Ridge Dr El Paso Texas 799	912 100
8 Principal of	ccupation / Job title (See Instructions) 9 Employ	oyer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Joseph F. Lawrence Diane Lawrence Contributor address; City; State; Zip Cod	;
3/10/19	5709 Mira Grande El Paso Texas 79912	200
Principal oc	ccupation / Job title (See Instructions) Employ	yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Brent Sanders Contributor address; City; State; Zip Code	
3/10/19	5435 King Pl Apt/Suite El Paso Texas 799	932 25
Principal oc	cupation / Job title (See Instructions) Employ	yer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
3/10/19	404 KENYON JOYCE LN El Paso Texas 7	79902 15
Principal oc	cupation / Job title (See Instructions) Employ	yer (See Instructions)
-		
		100,000
	ATTACH ADDITIONAL COPIES OF THIS SCH If contributor is out-of-state PAC, please see instruction guid	

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Progress 915 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ ROBERT CLARK 6 Contributor address: City; State; Zip Code 3/10/19 226 Oleander Way El Paso Texas 79922 50 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:___ Date John Hill Contributor address: City; State; Zip Code 594 Candado Place El Paso Texas 79912 100 3/10/19 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#:____ Sue DiCara Contributor address: City; State; Zip Code 3/10/19 9138 Mt. San Berdu El Paso Texas 79924 40 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Susan Barnum Contributor address; City; State; Zip Code 9948 Genie Dr El Paso Texas 79924 3/11/19 10 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Progress 915 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#: Sergio Cabrera 6 Contributor address: City; State; Zip Code 3/11/19 505 irondale Dr El Paso Texas 79912 25 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:___ Date Jane Poss Contributor address; City; State; Zip Code 3/11/19 501 Spring Crest Drive El Paso Texas 79912 100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#:_____ T. W. Robinson Contributor address: City, State, Zip Code 3/13/19 3324 Sheppard Ave Apt 16 El Paso Texas 79904 50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Gretchen Trominski Contributor address; City; State; Zip Code 4825 Costa de Oro El Paso Texas 79922 25 3/13/19 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

1 Total pages Schedule A1: 14 3 Filer ID (Ethics Commission Filers)
3 Filer ID (Ethics Commission Filers)
7 Amount of contribution (\$)
100
ctions)
Amount of contribution (\$)
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tions)
Amount of contribution (\$)
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Amount of contribution (\$)
4,500
tions)
EEDED

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Progress 915 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: Jerome Moreau 6 Contributor address: City; State; Zip Code 3/21/19 6236 Silverlace Trail NE Albuquerque New Mexico 87111 10 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (fD#:____ Date Joe Garibay Contributor address; City; State; Zip Code 3/22/19 6228 Camino Alegre El Paso Texas 79912 500 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#:_____ Campos Family Contributor address: City; State; Zip Code 3/23/19 6745 Crucero del Sol El Paso Texas 79911 20 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:____ Marshall Carter-Tripp Contributor address; City; State; Zip Code 79 Kingery Drive El Paso Texas 79902 3/23/19 50 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Progress 915 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: Ann Horak 6 Contributor address; City; State; Zip Code 3/23/19 100 617 Cincinnati Ave El Paso Texas 79902 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#;___ Date Michelle Smith Contributor address; City; State; Zip Code 3/23/19 1804 Old Paint Dr El Paso Texas 79911 50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#:____ Francisco Gonzalez Contributor address: City; State; Zip Code 7379 Gulf Creek Dr. El Paso Texas 79911 3/23/19 20 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor ut-of-state PAC (ID#. Jenna Orr Contributor address; City; State; Zip Code 401 Camino Real Ave El Paso Texas 79922 3/24/19 100 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

TI	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 2
2 FILER NAM	E Progress 915		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 642.77
5 Date 3/4/19	6 Full name of contributor uti-of-state PAC (ID#:		8 Amount of 9 In-kind contribution Contribution \$ description 535.84 T-shirts Check if travel outside of Texas, Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of . In-kind contribution Contribution \$. description
3/6/19	6524 Loma De Cristo Dr. El Paso Texas		Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	or (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
If	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

TI	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 2
2 FILER NAM	E Progress 915		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 642.77
5 Date 3/18/19	6 Full name of contributor ut-of-state PAC (ID#: Sharon S. Miles-Bonart, PH.D.		8 Amount of 9 In-kind contribution description 46.31 Business Cards
	7 Contributor address; City; State; Zip Coo 6524 Loma De Cristo Dr. El Paso Texas		Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor)	Amount of . In-kind contribution Contribution \$. description
	Contributor address; City; State; Zip Contributor		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	or (FOR NON-JUDICIAL)(See Instructions)
Contributor's	ntributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	A Miller or house a consideration of the constant of the const		
If	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction		

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

Progress 915	3 Filer ID (Ethics Commission Filers)
5 Corporation / Labor Organization name	7 Amount of contribution (\$)
Sierra Club of El Paso	
6 Corporation / Labor Organization address; City; State; Zip Code	1,000.00
1241 Cerrito Alegre Ln El Paso Texas 79912	
Corporation / Labor Organization name	Amount of contribution (\$)
Borderland Mountain Bike Association	
Corporation / Labor Organization address; City; State; Zip Code	935.00
901 Galloway Drive El Paso Texas 79902	
Corporation / Labor Organization name	Amount of contribution (\$)
Corporation / Labor Organization address; City; State; Zip Code	
Corporation / Labor Organization name	Amount of contribution (\$)
Corporation / Labor Organization address; City; State; Zip Code	
Corporation / Labor Organization name	Amount of contribution (\$)
Corporation / Labor Organization address; City; State; Zip Code	
	Progress 915 5 Corporation / Labor Organization name Sierra Club of El Paso 6 Corporation / Labor Organization address; City; State; Zip Code 1241 Cerrito Alegre Ln El Paso Texas 79912 Corporation / Labor Organization name Borderland Mountain Bike Association Corporation / Labor Organization address; City; State; Zip Code 901 Galloway Drive El Paso Texas 79902 Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C2: 1
2 FILER NAME Progress 915		3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name	7 Amount of 8 In-kind contribution Contribution 6 description
	Airport Printing Service	\$400.00 Push Cards
	6 Corporation / Labor Organization address; City; State; Zip Code	:
3/14/19	7 Leigh Fisher Blvd El Paso Texas 79906	Check if travel outside of Texas. Complete Schedule T,
Date	Corporation / Labor Organization name	Amount of . In-kind contribution Contribution \$. description
	Corporation / Labor Organization address; City, State, Zip Code	
		Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description
	Corporation / Labor Organization address; City; State; Zip Code	. :
		Check if travel outside of Texas, Complete Schedule T,
Date	Corporation / Labor Organization name	Amount of in-kind contribution Contribution \$ description
	Corporation / Labor Organization address; City; State; Zip Code	
		Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description .
;	Corporation / Labor Organization address; Clty; State; Zip Code	
		Check if travel outside of Texas. Complete Schedule T.
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Progress 915 4 Date 5 Payee name H & H Mailing Service 3/4/19 6 Amount (\$) 7 Payee address: City; State; Zip Code \$ 920.62 9431 Carnegie Ave El Paso Texas 79925 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE Printing Expense** Production and mailing of post cards Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3/5/19 **Fastsigns** Amount (\$) City; State; Zip Code Payee address; \$85.52 4224 Mesa # F El Paso Texas 79902 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Advertising Expense Purchased a banner Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Stanton Street 3/12/19 Amount (\$) City; State; Zip Code Payee address; \$541.25 500 W. Overland Suite 200 El Paso Texas 79901 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Advertising Expense Enhancements to website Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Progress 915 4 Date 5 Payee name 3/3/19 **ActBlue** 6 Amount (\$) 7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville MA 02144 \$ 32.42 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas, Complete Schedule T, **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Fees Donation processing fee Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 3/10/19 ActBlue Amount (\$) Payee address: City; State; Zip Code \$76.67 P.O. Box 441146 Somerville MA 02144 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check If Austin, TX, officeholder living expense EXPENDITURE Fees Donation processing fee Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 3/22/19 ActBlue Amount (\$) Payee address; City; State; Zip Code \$20.95 P.O. Box 441146 Somerville MA 02144 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Fees Donation processing fee Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Progress 915 4 Date 5 Payee name 3/22/19 Sun Circle Strategic Group 6 Amount (\$) 7 Payee address: City; State; Zip Code \$ 535.83 1401 Montana Ave El Paso Texas 79902 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Consulting Expense Voter list Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Pavee address: City; State; Zip Code Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED